

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

**ORIGINAL**

Romy Syllas - 22R1594

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

**COMPLAINT**

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No  
(check one)

John Doe #1, John Doe #2, John Doe #3  
John Doe #4 AND John Doe #5

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



**I. Parties in this complaint:**

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Romy Syllas

ID #

22R1594

Current Institution

Elmira Correctional Facility

Address

1879 Davis St

Elmira, New York 14902

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name JOHN, Doe 1 Shield # \_\_\_\_\_  
 Where Currently Employed DOCCS / CERT  
 Address DOCC Central office Dept of Corrections, STATE OFFICE  
CAMPUS, BLDG #4, 1220 WASHINGTON AVE, Albany NY 12226

Defendant No. 2 Name JOHN, Doe 2 Shield # \_\_\_\_\_  
 Where Currently Employed DOCCS / CERT  
 Address See Above

Defendant No. 3 Name JOHN, Doe 3 Shield # \_\_\_\_\_  
 Where Currently Employed DOCCS / CERT  
 Address See Above

Defendant No. 4 Name JOHN, Doe 4 Shield # \_\_\_\_\_  
 Where Currently Employed DOCCS / CERT  
 Address See Above

Defendant No. 5 Name JOHN, Doe 5 Shield # \_\_\_\_\_  
 Where Currently Employed DOCCS / CERT  
 Address See Above

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? GREEN HAVEN CF

B. Where in the institution did the events giving rise to your claim(s) occur? See Attached  
Complaint

C. What date and approximate time did the events giving rise to your claim(s) occur? See Attached Complaint

See Attached Exhibit A

D. Facts:

What  
happened  
to you?

Who did  
what?

Was  
anyone  
else  
involved?

Who else  
was  
involved?

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. my neck was ~~was~~ in pain, my lower back near my spine, my head ~~was~~ in pain, Emotional Distress, Flash backs And chronic pain, PTSD, And Im Having more frequent migraines In my head, they offer me pills for my migraine.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_ No   /  

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_ No \_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

\_\_\_\_\_

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes \_\_\_ No \_\_\_

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_ N/A

Defendants \_\_\_\_\_ N/A

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_ No \_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?  
 Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). GREENHAVEN C.F. State Prison

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?  
 Yes ☒ No ☐ Do Not Know ☐

- C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? They claim you cannot grieve officers

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?  
 Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

- E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

in Greenhaven

1. Which claim(s) in this complaint did you grieve? Excessive Force, Failure to protect, Supervisory Liability

2. What was the result, if any? The grievance failed as they say you can't grieve an officer

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

N/A

- F. If you did not file a grievance:

why you did not file a grievance state them here:

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

**Note:** You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

**V. Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

1- Compensation/Damages in \$200,000.00 Per defendant  
Total - \$1,000,000.00

2) Punitive Damages in \$200,000.00 Per defendant  
Total - \$1,000,000.00

Complete Total Amount is \$2,000,000.00  
FOR VIOLATING PLAINTIFFS CIVIL RIGHTS AGAINST PLAINTIFF FOR AND OF  
THE 8<sup>TH</sup> AND 9<sup>TH</sup> AMENDMENT, RESPECTIVELY - I.E. CRUEL AND UNUSUAL  
PUNISHMENT AND DUE PROCESS, IN CONNECTION WITH 1) EXCESSIVE FORCE  
2) FAILURE TO PROTECT AND 3) SUPERVISORY LIABILITY.

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) N/A

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 11 day of Feb, 2024

✓ Signature of Plaintiff

Inmate Number

Institution Address

Romy Syllus

2281594

ELMIRA CF P.O. Box 500

1879 DAVIS ST.

ELMIRA NY. 14902

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 22 day of JANUARY, 2024, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

✓ Signature of Plaintiff:

Romy Syllus

## Legend For Complaint.

Violations of The 8<sup>th</sup> Amendment For Cruel And Unusual Punishment And The 14<sup>th</sup> Amendment Against And For Not Following Due Process.

IN Connection with -

- 1) Excessive Force
- 2) Failure to Protect
- 3) Supervisory Liability.

## Legend for Exhibits

- A - Complaint
- B - Misbehavior Reports
- C - Official FOIL Request Form
- D - The Actual FOIL Request
- E - Filings



# Exhibit A

A

Remy Syllus  
DIN#2221594Incident Date:  
October 7, 2023

(Continue ON ANNEXED Page 1) →

I was being woke up by other inmates with loud noise. And ~~there~~ there comes the Cert team operation they arrive to my cell without ask for my ID or my facial razor. At my cell B-Block 6 Company Cell #382 I had my candle lit I put it out the Cert Officer came in my cell while rushing in my cell they forcefully kick me then punch me to my face then kick me in my back while I was on the ground by my small locker that was located near my Rest Room Area of my cell and had a laceration on near my upper cheek bone of my body then when they keep screaming stop resisting while I was in flexy cuffs I wasn't resisting I was following procedures as facility rules they told me to ~~Report No Injury to~~ <sup>Report No Injury to</sup> medical when I seen medical they said they was going to beat me up more if I told on them so I refuse I said to the nurse no injuries, when they were taking me out my cell I had on my white sweatpants the officers were screaming take it off and they pull it off of me forcefully in my gallery on 66 company and they had my hands twisted up with they arms wrap around it they the (Cert operation) strip me I was in my boxers, T-shirt, sock walking through the weight yard on b-block they walk me through A-block to get to the medical area they took me to A Non-Camera Room they said if I move they will slam me on the face (the Cert operation) Sargeant said that to me then I was being escorted to <sup>the</sup> Box where they house us for disciplinary tickets when I get there I ask the C.O. that's in the Box what is my charge they said weapon then they didn't want to tell me anything

#2

~~So I Ask Again~~ So I Ask Again they didn't tell me nothing they stayed out  
 I Just comply with the procedures ~~in the Box~~ In the Box  
 they put me in my cell for less than ~~9~~ 4 hours they sent me on  
 A Saturday (Pk) draft to Upstate Shu Zoo which the Box is called  
 when you go to A RRU Program that we receive in the Box Shu Zoo.  
 the Facility Green Haven left my Personal Property in my cell for weeks  
 Approximately A month my Radio, my clothes were damaged and destroyed  
 when I receive it 5 weeks later ~~its~~ Broken Radio my wife payed here  
 hard earned money they destroy my property, And Officer Brutality Against  
 Inmates I was beat up by them I couldn't feel my neck, Lower Back,  
 my Head Im feeling Emotional Distress, Flashbacks I get nervous around  
 them At points of day because I feel they going to do it again to me, And  
 Im receiving Chronic Pain, I Am seeing A Doctor I got my X-Ray done At  
 Elmira, And they Prescribe me pills for my Pain in my back, my neck  
 my ~~head~~ <sup>(100.11)</sup> this After they gave me ~~49~~ <sup>(167.10)</sup> days in the Box And they Charge  
 me with Assault on Staff <sup>(104.13)</sup>, Interference wit staff <sup>(122.10)</sup>, violent conduct <sup>(104.11)</sup>, search & frisk <sup>(115.10)</sup>,  
 Create A disturbance <sup>(106.10)</sup>, Smoking, Direct order I was being Charge At upstate  
 Box the incident Happen on the 7 day of October, 2023 And I receive my ticket  
 11<sup>th</sup> day of October, 2023 At 10:34 Am Officer C.O. King gave me the copy  
 At upstate Correctional Facility, my ticket got AdJurned because I ~~ask~~ Ask  
 for Body Cam Footage, the ~~weight~~ <sup>B-Block</sup> yard footage they deny me my Footage  
 of that And they gave me the Footage of the B-Block 6 Company ~~near~~  
 my cell Area B6-382 Footage. they escorting me forcefully I Almost fell  
 on my sweatpants And slip And fall on my head Almost, the way they handle  
 me thats not on the procedures if I must use NO type of force towards  
 the officers thats in charge of the situation. Im getting Long term Migrains,

#3

that come to me constantly, I be nervous Around them A lot And the  
 OFFICER comes from outside And they bring they Personal problems ON  
 US In that Facility Green Haven, We were lockdown From ~~the~~ October  
 4, 2023 they Search my block 6 ~~day~~ OF October they served the bottom,  
 then the 7<sup>th</sup> day of October they Search ~~the~~ the UPPER Area OF the block-b  
 6 Company And on the other side of my cell they were beating on A Elderly  
 Male Inmate on B3-Company I Hear the tussle from my cell from they side  
 my cell is three cells from the Back near the catwalk gate. these OFFICERS  
 didnt Have NO Rights to beat on me. IF I didnt do Anything violent, they  
 Charge me with the charges And they found me not Guilty of Not Smoking  
 In ~~Green Haven~~ <sup>upstate</sup> And ~~the~~ found me guilty of the other charges that they Have  
 there my Hearing was done in upstate corr. facility, So I Have to suffer  
 by me going to the Box the ~~merit~~ Hearing they Postpone my date to  
 3 months And I miss it cause OF Brutality, And False document Charges  
 they want to pin ON me. I call it make up charges so it can fit what the  
 charges Are this is what they do to Inmates. the Courts in Stormville  
 knows they dont want NO Charges OF Assault on staff, weapons, And drugz  
 cause the OFFICERS Are the one ~~bringing~~ <sup>In the Facility</sup> ~~it~~ ~~that~~ ~~keep~~  
~~And~~ And the East side And west side messhall Have so much Rodents in the  
 Dish washing Machine the inmate Have to Sanitize our utensil And plate for  
 our Chow meal And they Are Running through the pipe lines to get else where  
 In the Building, Commissary, the Box is infested with sewer Rats  
 And they travel thru cells to eat At Night, the water in that county  
 where Stormville the pipe line is Full OF Rust thats the Reason Why  
 I dont Drink NO faucet water At my cell location my water turn  
 Brown one day I Said never Again will I Drink this water.

#4

they dont provide us with free water thats ~~the~~ ~~at~~ commissary they  
 needed to provide us with, I get stomach ache drinking alot of that  
 water when I drink it, I feel like Im full drinking alot of the sink  
 water, they gave us free water And chips one time cause of our sports  
 tournament that we have each summer. And that was it, After that  
 we had to buy it from commissary, that should be free the Inspector comes  
 there And say theres Nothing wrong on the news broadcast it said in this  
 County of Stormville water is toxic Pope lines. And the Radio Stations I  
 turn on like 1010 wins in the Am section I listen too for news so  
 I know theres no lie to my news facts. As days go on there are  
 more inmates coming to the Box Shu Zoo in upstate Borel Facility box  
 from green Haven for the same charges As I Recieved some Alot of time  
 And some shorter time. Now I got sanctions that make me cant contact  
 my family, my spouse, my kids, my mom. I Am on lost of Recreation  
 I Am on loss of Commissary And lost of Package, I cant eat or Have  
 clothes sent to me At All Until May 2024 this ticket is depriving me from  
 my social distress, my Phone is suspended the Hall law says when you complete  
 RRU, you are to Have your Priviledges Restored on your Arrival to the Facility  
 my Priviledges are not Restored by the superintendent. I wrote my Grievance  
 I wrote the Commissioner for Docc's, OSI I contacted thru my wife, my wife  
 visits me thats how I contact her. the Kiosk when I was in green Haven  
 they would let me on it And the next few days they dont put me on for  
 Another 2 weeks, How do they deprive me from talking to my family And  
 It was A emergency that I needed to talk to my family And tell them what  
 happen to me I could not thank god I Have my wife to look for me thru  
 my struggles when she dont hear from me she freak out calling my counselor  
 like A family person would do. Flash backs, Chronic pain, Emotional distress, PTSD



#5

<sup>nd</sup>  
 'ON, my ticket they gave me 60 days in the Box And Recommended loss of good time  
 120 days loss of that so that ticket mess up my date to go to society  
 if push my date back I was suppose to see them the merit committee And  
 they postpone me cause I was in transit going to the box I Appeal my ticket  
 to the upstate CORR facility to send to Albany to the commissioner for  
 A response I did it in timely manner before my 72 Hour was up I  
 Have to take my Programs Again Anger management for something I didn't  
 cause. the procedure was for the officers to come to my cell Ask for A  
 Razor And too I'd me As the person in the cell then search is being  
 Made None of them follow the Directive And the directive don't say beat  
 ON A inmate for co-operating with the ~~procedures~~ procedures they provide  
 me with, I'm damaged with PTSD, Flashbacks, Chronic pain, Emotional  
 Distress, Migraines constantly from my head from this incident 7<sup>th</sup> day  
 of October, 2023, Medical I report to them, OMH I report to them  
 while I was in upstate <sup>Shw 200</sup> they would Read my sick call And they would walk  
 Away And not give me no treatment At my cell we keep lock in the Box they  
 are to appear At our doors with our lights on they come don't Read what's  
 on the paper And give us Another type of Answer that won't Help. I wrote  
 A few sick calls when I got there No body came And when they move  
 me to A 2 men cell I was by myself first when I was moved I seen them  
 4 times About if they would walk Away from treating me they don't even stop  
 At my cell After that medical in upstate CORR facility Shw 200 I was  
 In 8 building I was in A-block the Flats, then I was move upstairs  
 to the Higher level B-Block-44 Cell Bottom Bunk It was on my Paper  
 ON the Door with my Inmate picture they can see our mug shots on the  
 Door. And our cell Location its in there Paper work from mon-fri

#6

When I came out the Box they put me on transit to go to Green Haven for few night stay they deprive me from taking A shower in H-block Reception they didnt let me go to Recreation there master sheet says I cant have Nothing the officer mark me down for the shower I didnt receive one on 23<sup>rd</sup> day of November we are entitled to A shower once every few days there is front half And back half of cells with inmates the officers sit around And joke around And treat us like we are cage animals I Am A Human being Just As them. I know theres lot of incarcerated individuals to attend to we ask them to attend to our need no help. they give the forget you face And go on with they day And forget of what the incarcerated individual said to them prior, we call for the Sargeant No Help, so we do it other ways to get the Sargeants Attention "Im feeling suicidal thats what gets A Sargeants Attention" to come to our cells, And we speak to them ~~that~~ that dont solves the Issue cause that officer is in control of that block Just because we call A Sargeant to the Block they do tic for tic they dont attend to us for that Apparent Reason. I Reported to Albany my issues And I still had problems there March 2023 All the way to Oct 7 2023 I got Charged with Assault on Staff In June <sup>2023</sup> they dismiss my disciplinary for that ticket And now they put these charges on me Again they use the cert operation to draft me And come up with these charges on Oct 7, 2023 I was suppose to get my ticket in 24 Hour why Am I getting my ticket 4 days later, An incarcerated individual are to Ask for A Extension Not ~~without~~ <sup>without</sup> that individual consent. My Electronic, my Property Are Damage I Feel nervous Around corr officer cause Im Afraid they will do it Again, Im Having Chronic Pain, PTSD, Emotional Distress, Socializing ~~Depressing~~ me from contacting my family, Getting Packages And commissary. I only can eat Chow Food, fellow individuals Hook me up with soups certian times

E7

Nobody wants to go thru that doccs took Away our packages being sent from Home Food Package And now they Replace them with vendors catalogs that are expensive for our Family to go through the struggle with us If they are A middle class or lower class to provide from Home. Every ticket they charge me with comes with A 5 Dollar Fee towards my Sanction ticket. So each ticket Adds up And we lose hard earn money in our Accounts. The civilian that was there before she was stealing money from Inmate Accounts And we Found Justice Around Her wrong doing they Incarcerated the lady For that my money was on hold over there \$390 was in my Account for long didn't Receive Nothing till this day so I Am being deprived still when its commissary day I Dont see No commissary sheet they just walk pass my cell with All the other individuals commissary sheets.



# Exhibit B

Oct 31  
NOV 30 - OSI

Hearing Date 10-13-23

ADJOURNED - Video

and witness III

FORM 2171-A (11/21)  
Side 1

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

Green Haven

Correctional Facility

## INCARCERATED INDIVIDUAL MISBEHAVIOR REPORT ♦ INFORME DE MAL COMPORTAMIENTO DEL INDIVIDUO ENCARCELADO

1. NAME OF INCARCERATED INDIVIDUAL (Last, First) ♦ NOMBRE DEL INDIVIDUO ENCARCELADO (Apellido, Nombre)		DIN	HOUSING LOCATION ♦ CELDA
Syllas, R		22 R 1594	B6-382
2. LOCATION OF INCIDENT ♦ LUGAR DEL INCIDENTE		INCIDENT DATE ♦ FECHA	INCIDENT TIME ♦ HORA
B6-382		10/7/23	Approx 8:25 AM
3. RULE VIOLATION(S) ♦ VIOLACIÓN (ES)			
106.10 - Direct Order 104.13 - Create Disturbance 122.10 - Smoking			
100.11 - Assault on Staff 107.10 - Interference			
104.11 - Violent Conduct 115.10 - Search/Frisk			
4. DESCRIPTION OF INCIDENT ♦ DESCRIPCIÓN DEL INCIDENTE			
On the above date and approximate time while at Green Haven Correctional Facility for a CERT operation, I approached B6-382. Once at the cell, I observed I/E Syllas 22 R 1594 light what appeared to be a cigarette. I gave the several direct orders to extinguish the lit cigarette. The I/E refused. I then gave the I/E several orders to strip down to his boxers as was the Facility Search policy. The I/E refused. I continued to give the I/E several orders to turn and face the rear of the cell. As the cell door opened the I/E took an aggressive stance with fists clenched. I gave the I/E another order to face the rear of the cell. The I/E then violently swung his fist at me striking me in the left side of my face with a closed right fist. A case of Force ensued, Area Supervisor Notified. I/I was then escorted off unit to medical.			
REPORT DATE ♦ FECHA	REPORTED BY ♦ REPORTADO POR	SIGNATURE ♦ FIRMA	TITLE ♦ TÍTULO
10/7/23	B. Walsh	B. Walsh	10/7/23
5. ENDORSEMENTS OF OTHER EMPLOYEE WITNESSES (if any)		SIGNATURES:	
ENDOSOS DE OTROS EMPLEADOS TESTIGOS (si hay)		FIRMAS: 1. Mr. Walsh	
2.		3.	

NOTE: Fold Back Page 2 on dotted line before completing below.

DATE AND TIME: 10/11/23 10:54 AM NAME AND TITLE OF SERVER: G.O. King

FECHA Y HORA: 10/11/23 10:54 AM NOMBRE Y TÍTULO DEL QUE ENTREGA: G.O. King

You are hereby advised that no statement made by you in response to the charges or information derived therefrom may be used against you in a criminal proceeding. ♦ Por este medio se le informa que no se puede usar ninguna declaración hecha por usted como respuesta al cargo o la información derivada de ella en una demanda criminal.

Wrongful Proceedings Against Prisoners NOTICE ♦ AVISO

REVIEWING OFFICER (DETACH BELOW FOR VIOLATION HEARING ONLY)

False misconduct Reports (SH)

You are hereby notified that the above report is a formal charge and will be considered and determined at a hearing to be held. ♦ Por este medio se le notifica que el informe anterior es un cargo formal el cual se considerará y determinará en una audiencia a celebrarse.

The incarcerated individual shall be permitted to call witnesses provided that so doing does not jeopardize institutional safety or correctional goals. ♦ Se le permitirá al individuo encarcelado llamar testigos con tal de que al hacerlo no pondrá en peligro la seguridad de la institución ni las metas del Departamento.

If restricted pending a hearing for this misbehavior report, you may write to the Deputy Superintendent for Security or their designee prior to the hearing to make a statement on the need for continued prehearing confinement. ♦ Si está restringido pendiente a una audiencia por este informe de mal comportamiento, puede escribirle al Diputado del Superintendente para Seguridad o su representante antes de la audiencia para que haga una declaración acerca de la necesidad de continuar bajo confinamiento, previo a la audiencia.

Malk v Bezio - assault staff violent conduct interference Employee

McLean v Fischer - Prison inmate was guilty Assault staff possession weapon refusing violent conduct

# Exhibit C

C

ELMIRA CORRECTIONAL FACILITY  
P.O. BOX 500  
Elmira, NY 14902-0500

FOIL

REQUEST

Attention ECF FOIL OFFICER:

Pursuant to Public Officers Law § 85-90, known as the "FREEDOM OF INFORMATION LAW", and 5 U.S.C. § known as the "FREEDOM OF INFORMATION ACT", I hereby request the following INFORMATION/DOCUMENT(S) from your office:

[write your request clearly and concisely below, add extra paper as needed]

I Am Requesting A Log book entry, Name of watch commander For Oct 7, 2023, Block Officer B-6-382 Cell And supervisor And the CERT officers who searched on the Oct 7, 2023 Date. Green Haven Correctional Facility, full body cam And BG Footage of Oct 7, 2023, RD, voice box by 382-B6 company ~~And~~ weight yard footage on west side b-block Oct 7, 2023 Around ~~8:15 AM to 8:30 AM~~ 7:30 AM to 8:30 AM

As you are aware, your office has (5) business days by law to respond to this request, and in the event any portion of this request is denied, you are obligated to advise the reasons for such denial, and to whom an administrative appeal may be made to, including the appropriate address. Upon notification of any applicable fees, I will remit accordingly, or if the requested material is advanced, I agree to pay reasonable fees as established under the FOIL/FOIA law. Please be advised, that if timely response is not made hereto (in accordance with the law), said lack of response will be construed to be a constructive denial of this request and litigation may ensue.

Sincerely

# Exhibit D

D

Inmate Name: Romy SyllasInmate DIN: 22R1594Cell Location: G-06-09 Cell

Elmira Correctional Fac

Po. box 500

Elmira, NY 14902-0500

To: Green Haven Corr. Facility  
Department594 Route 216Stormville, NY12582-0010

RE: "Freedom of Information Act" Request

Oct 7 Incident

Date: 2-11-24

Please be advised that this request is a demand For DVD, documents, Records  
OF Records pertaining to DVD, documents, Records, Materials, Audio, body cam, BBlock  
Pursuant to both State and Federal Freedom OF Information Acts; As Amended  
(5 U.S.C. Section 552) the Privacy act (5 U.S.C. Section 552a) and McKinney's Public  
Officer Law § 84-90 For Documents, Records and/or Material described Hereafter  
Which Are believed to be within your Agency's Record System. the undersigned Request that  
you make Available to him/Her a copy of the original documents, Records and/or  
Material within 10 business days, Answering this demand For disclosure pursuant  
Public Officers Law § 87.

The Above Named Individual, Having a personal interest in obtaining Any and  
all documents, Records, and/or Materials pertaining to DVD, documents, Records,  
Materials, Audio, Body Camera Footage, B-Block 6 Company, 382 Cell #, BBlock  
Request the Following:

- 1) Any and all records pertaining to DVD, documents, Records And/or Material  
Relating to Audio, body cam Footage, B6-382 B-Block camera Footage,  
B-Block yard weight Area yard camera
- 2) Any and All Documents, Record, Materials, Relating to  
Body Cam Footage, BBlock 6 Company, 382 Cell #, B-Block yard weight  
Area camera, West side of the Jail,
- 3) Any and All medical Records pertaining to Medical Records And Documents  
That are open For Review as provided by law to be presented to  
Enclosed, Please Find the Following documents N/A

If Any OR parts OF my Request OF my denied, Please list the specific exemption(s) which (are) being claimed to withhold information.

If you determine that some portion(s) OF the requested documents, records AND/OR Material are exempt by Public Officers Law § 87(2)(b)(F)(g)(i)(j)(k)(l)(m)(n)(o)(p)(q)(r)(s)(t)(u)(v)(w)(x)(y)(z) and Public Officers Law § 89(2), I will expect, that you will provide me with the remaining nonexempt portions. IF you deny any OR all portions OF this Request I Request that you provide the Name and address where such appeal can be sent.

Please be further advised, that the Above Named Prisoner is unable to Afford the cost(s) OF locating, copying AND mailing OF information requested herein as required in Public Officers Law § 67-a and request that any AND all documents, records AND/OR Materials sought herein be forward without cost OF fees when release OF the required information would be in the "Public Interest" OF the parties involved. It is my belief that said documents, records, and/or Material I am requesting fit into this category. I therefore request that NO fees be charged for locating, copying AND mailing the documents. IF there are further questions regarding this Request, please contact me at the Above Named Facility.

As provided by the Freedom OF Information Act please respond within (10) Working days After Receipt OF this Request.

Sworn to before this 16<sup>th</sup> day  
OF December, 2023

[Signature]  
Notary Public

Romy Syllas  
Signature

Lawrence P Tolbert  
NOTARY PUBLIC, STATE OF NEW YORK  
Registration No. 01T06406897  
Qualified in Chemung County  
Commission Expires 04/20/2024

# Exhibit E



Green Haven  
Facility  
My Cell B6-382 ← B-Block

Romy Syllas  
DIN: 22R1594

8-A-21B

9) Year Grievance GREEN Haven CORR Facility  
OST-2028-23 RE 10/11/23

ASSAULT  
@ GH I, Romy Syllas was in my cell from Weds Oct 4, 23 up to Saturday Oct 7, cause we were lockdown at the Facility because of Events of Inmate on Another Block Beat up A Officer in the cell for three minutes with No Help And Inmates Fighting through out the Jail And Here comes the (Sert team) search for those Reason.

OCT 19 2023 AM 8:05

I wasn't Apart none of those events, So why Am I being Drafted on A Saturday Night to (upstate corr Facility).

I Romy Syllas was in my cell for the (Sert search) And they came on the Company (6) And they March to my cell then they stop by the last cell my cell was 3 cells to the last one it reach to the cat walk gate so they came by my cell And they kept saying crack my cell because I had A candle lit And it had A smell to it I put it out And the officers was opening my cell He said get down before it open I was down And the officers Repeatedly kick me, Punch me in my cell by my locker And they were screaming stop Resisting I wasn't Resisting I was Damage And upset when they put me in the plexie cuffs on me I had my hands in them already they kept screaming stop Resisting they were beating me up At that moment I was taken out my cell they told me to take off my sweat pants they forcefully took them off of me while I was in the plexie cuffs while I was on the gallery on (6) company in Green Haven I never put my hand on no officers they set me up cause my Merit date is coming up they don't want me to go home I complete my Programs There was A day the Area Sargeant was like to the other officer that I'm going home And they bragged about it to other officers I know this is Retaliation And when I went to the Box June 14 for the same thing Police lied on me And put the same charge that got dismiss And I got out to population with in 14 Day later cause they lied. In that County the Deca Don't want No Assault on Staff, Drug Charge OR weapon Charge because they know ~~the~~ the C.O.s Are bring these things

## CIVIL COVER SHEET

JS 44 (Rev. 11/84)

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law. Expenses provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

## I. (a) PLAINTIFFS

Romy Syllas

(b) County of Residence of First Listed Plaintiff

(EXCEPT IN U.S. PLAINTIFF CASES)

Chemung

Pro se

(c) Attorney's (Firm Name, Address, and Telephone Number)

## DEFENDANTS

John Doe #1, John Doe #2,  
John Doe #3, John Does #4 and John Doe #5

County of Residence of First Listed Defendant

(IN U.S. PLAINTIFF CASES ONLY)

Chemung

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE LAND INVOLVED.

Attorneys (if known)

Leticia James, New York  
New York State - Attorney General The Capital  
Dept. of Law, Albany, NY 12244

## II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff  
☐ 2 U.S. Government Defendant  
☒ 3 Federal Question (U.S. Government Not a Party)  
☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- Citizen of This State: PTF ☒ 1 DEF ☒ 1  
Citizen of Another State: ☐ 2 ☐ 2  
Citizen or Subject of a Foreign Country: ☐ 3 ☐ 3  
Incorporated or Principal Place of Business in This State: PTF ☐ 4 DEF ☐ 4  
Incorporated and Principal Place of Business in Another State: ☐ 5 ☐ 5  
Foreign Nation: ☐ 6 ☐ 6

## IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	PERSONAL INJURY	PROPERTY DAMAGE	LABOR/EMPLOYMENT	OTHER
<input type="checkbox"/> 110 Insurance	<input type="checkbox"/> 310 Airplane	<input type="checkbox"/> 610 Agriculture	<input type="checkbox"/> 710 Fair Labor Standards Act	<input type="checkbox"/> 400 State Reapportionment
<input type="checkbox"/> 120 Marine	<input type="checkbox"/> 315 Airplane Product Liability	<input type="checkbox"/> 620 Other Food & Drug	<input type="checkbox"/> 720 Labor/Mgmt. Relations	<input type="checkbox"/> 410 Auditors
<input type="checkbox"/> 130 Miller Act	<input type="checkbox"/> 320 Assault, Libel & Slander	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881	<input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act	<input type="checkbox"/> 430 Banks and Banking
<input type="checkbox"/> 140 Negotiable Instrument	<input type="checkbox"/> 330 Federal Employers' Liability	<input type="checkbox"/> 630 Liquor Laws	<input type="checkbox"/> 740 Railway Labor Act	<input type="checkbox"/> 450 Commerce
<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment	<input type="checkbox"/> 340 Marine	<input type="checkbox"/> 640 R.R. & Truck	<input type="checkbox"/> 790 Other Labor Litigation	<input type="checkbox"/> 460 Espionage
<input type="checkbox"/> 151 Medicare Act	<input type="checkbox"/> 345 Marine Product Liability	<input type="checkbox"/> 650 Airline Regs.	<input type="checkbox"/> 791 Emp. Ret. Inc. Security Act	<input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations
<input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans)	<input type="checkbox"/> 350 Motor Vehicle	<input type="checkbox"/> 660 Occupational Safety/Health		<input type="checkbox"/> 480 Consumer Credit
<input type="checkbox"/> 153 Recovery of Overpayment of Veterans' Benefits	<input type="checkbox"/> 355 Motor Vehicle Product Liability	<input type="checkbox"/> 690 Other		<input type="checkbox"/> 490 Cable/Sat TV
<input type="checkbox"/> 154 Recovery of Overpayment of Smokers' Suits	<input type="checkbox"/> 360 Other Personal Injury			<input type="checkbox"/> 510 Selective Service
<input type="checkbox"/> 160 Other Contract				<input type="checkbox"/> 530 Securities/Commodities Exchange
<input type="checkbox"/> 165 Contract Product Liability				<input type="checkbox"/> 575 Customer Challenge 13 USC 3416
<input type="checkbox"/> 196 Franchise				<input type="checkbox"/> 590 Other Statutory Actions
				<input type="checkbox"/> 591 Agricultural Act
				<input type="checkbox"/> 592 Economic Stabilization Act
				<input type="checkbox"/> 593 Environmental Matters
				<input type="checkbox"/> 594 Energy Allocation Act
				<input type="checkbox"/> 595 Freedom of Information Act
				<input type="checkbox"/> 900 Appeal of Fed Determination Under Equal Access to Justice
				<input type="checkbox"/> 950 Constitutionality of State Statute

## V. ORIGIN

(Place an "X" in One Box Only)

- ☒ 1 Original Proceeding  
☐ 2 Removed from State Court  
☐ 3 Remanded from Appellate Court  
☐ 4 Reinstated or Reopened  
☐ 5 Transferred from another district (specify)  
☐ 6 Multi-district Litigation  
☐ 7 Appeal to District Judge from Magistrate Judgment

## VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless necessary)

8<sup>th</sup> AMENDMENT - CIVIL AND UNUSUAL PUNISHMENT 11<sup>th</sup> - RUC PROCESS  
Brief description of cause: EXCESSIVE FORCE, FAILURE TO PROTECT AND SUPERVISORY LIABILITY

## VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23

DEMAND \$2,000,000.00

CHECK YES only if demanded in complaint

JURY DEMAND: ☒ Yes ☐ No

## VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

JAN 26 2024

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IF

JUDGE

MAG. JUDGE



ELMIRA CORRECTIONAL FACILITY

P.O. BOX 600

ELMIRA, NEW YORK 14901-0600

Elmira



Correctional Facility

neopost

02/14/2024

US POSTAGE \$002



2111  
041112

New York, NY 10007-1812

Attention: Pre-Sentinel Office

RECEIVED  
FEB 21 2024  
PTC OFFICE

USMA  
SDNY